STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

FY 2010 Consumer Survey

Provider Process Summary

Instructions: This summary is to be completed after all surveys for the fiscal year have been administered, collected and entered into the DMHAS Consumer Survey System. The Chief Executive Officer/Executive Director or a designee for coordinating the survey process should complete this summary. The content is then entered directly into the survey application.

At what level was the sampling done? (check one) Provider Program											
In what months were the surveys administered to consumers? (check all that apply)											
 July	Aug.	Sept.	Oct.	Nov.	Dec.	☐ Jan.	Feb.	☐ Mar.	Apr.	☐ May	June
How were surveys administered to clients/consumers? (check all that apply) Direct service staff distributed to individual clients Direct service staff distributed to a group of clients Clients/consumers distributed surveys Other neutral persons distributed surveys to clients Other: (explain) What steps were taken to assure clients that their responses would be anonymous? Surveys were distributed/collected by neutral persons Clients were provided pre-stamped envelopes for mailing A collection box or other receptacle was used Other: (explain)											
	_	should ha			the undup	olicated (client cou	nt for the	e last fisca	l year, u	sing the
-	_	ey use the I ey meet the				red?			Yes Yes		No No
Comments/Feedback: How did it go this year? Do you have suggestions for the future?											

Thank you for your input! Please email this to Karin Haberlin at <u>Karin.Haberlin@po.state.ct.us</u> or fax it to (860) 418-6896.

Alternatively, you can complete the form in the Consumer Survey Application- just select the Process Summary menu option.